

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Serenity Care Inc/ Patrick M Magill RN and Dorothy K Campbell LPN</b>	LICENSE NUMBER <b>750701</b>
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**NOTE:** The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.

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### About the Home

**1. PROVIDERS STATEMENT (OPTIONAL)**

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

**To provide a safe, clean and comfortable home that promotes individuality and independence while nurturing the body, spirit and mind. We are nurse owned and operated**

**2. INITIAL LICENSING DATE**

**11/02/2007**

**3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:**

**none**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**5. OWNERSHIP**

- ☐ Sole proprietor
- ☐ Limited Liability Corporation
- ☒ Co-owned by: **Patrick M Magill RN and Dorothy K Campbell LPN**
- ☒ Other: **S-Corp**

### Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

#### 1. EATING

If needed, the home may provide assistance with eating as follows:

**Serving bite sized food, pureed foods and total feeding assistance if required. Specialty diets as required. Fresh home cooked meals.**

#### 2. TOILETING

If needed, the home may provide assistance with toileting as follows:

**Independent to total assist. To include catheter and ostomy care.**

#### 3. WALKING

If needed, the home may provide assistance with walking as follows:

**Independent, standby assist, one person assist and walking aids.**

#### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**Independent, standby assist, one person assist and mechanical lifts**

#### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**Independent to total assist (with frequent skin checks)**

#### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**Independent, cueing and total assist.**

#### 7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**Independent, cueing and total assist.**

#### 8. BATHING

If needed, the home may provide assistance with bathing as follows:

**Standby assist to total care. To include washing hair, nail care and skin care.**

#### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**All residents monitored for additional personal care needs.**

### Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

**Oral, rectal, eye drops, ear drops, nasal spray, topical and insulin injections.**

#### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**All staff are trained, delegated and monitored by nursing staff.**

### Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

**Additional services available to include PT/OT/ST, hospice thru area agencies**

The home has the ability to provide the following skilled nursing services by delegation:

**Medication, insulin injection and ostomy care.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**RN, LPN owners available to provide additional skilled services within their scope of practice.**

### Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☐ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

**Serenity Care works closely with area Physicians to insure appropriate medication regime is in place**

### Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☒ The provider lives in the home.
- ☒ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☐ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: **40 hrs per week minimum and as needed**
- ☒ Licensed practical nurse, days and times: **40 hours a week minimum and as needed**
- ☒ Certified nursing assistant or long term care workers, days and times: **24/7 One caregiver per shift**
- ☒ Awake staff at night
- ☒ Other: **Additionsl staffing available as needed.**

ADDITIONAL COMMENTS REGARDING STAFFING

**RN and LPN live in home**

### Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

**Serenity Care accepts all backgrounds. Primary language is english**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Serenity Care will work with the resident, family and community services to insure that needs are met**

### Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☒ The home is a private pay facility and does not accept Medicaid payments.

☐ The home will accept Medicaid payments under the following conditions:

ADDITIONAL COMMENTS REGARDING MEDICAID

### Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

**Outdoor walks, active and passive exercise, puzzles, games and reading material. TV programing of interest.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Tailored to indivual resident preferences. We have a house dog. She's friendly. Family gatherings encouraged.**